

recognizable. Although similar changes were seen in the underlying white matter, the changes were much more severe in the gray matter. The brain tissue was characterized by lack of blood and by lack of any evidence of inflammatory response. Evidence of hemorrhage, embolism, thrombosis or other arterial abnormality was not found. Degenerative change also was pronounced in the gray matter of the basal ganglia. The ganglion cells of various nuclei in the brain stem, pons, and medulla were almost uniformly devoid of nuclei or showed small pyknotic, eccentric nuclei. In the cerebellum recognizable degenerative change was limited particularly to the Purkinje cells.

Sections of spinal cord presented an open, lacy appearance, suggestive of uniform disintegration of the myelin sheaths. There was marked shrinkage and degeneration of the motor cells of the anterior horn.

DISCUSSION

It is difficult to understand why a person who was unconscious or had stopped breathing for no longer than two minutes would undergo such marked cortical atrophy. It is known that persons who are nearly drowned and apparently have stopped breathing for various lengths of time, recover and apparently are none the worse for their experience.

The resulting cortical lesion necessarily depends upon the degree of anoxemia and its duration. The patient may recover completely, may survive for a variable

period of time with residual symptoms, or may die in a few days, as this patient did. One then must regard the cerebral cortex in some individuals to be more susceptible to oxygen-want than in others, or that sub-oxygenation for a long period, escaping notice because of the normal black color of the skin and difficulty in seeing the color of the blood, may suddenly culminate in an irreversible process and death ensue.

SUMMARY

A case is reported of a simple tonsillectomy and adenoidectomy which resulted in death. Suboxygenation over a period of time set the mechanism of decerebrate rigidity in motion so stealthily that it was not noticed until an irreversible reaction had taken place, which resulted in death.

The results of autopsy as well as neurologic and electrocardiographic reports are included.

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A DUAL PURPOSE FUNNEL FOR OPENING CANS AND POURING ETHER *

Frequently in the course of operations it is necessary to open a can of ether for use in the anesthetic gas machine. During the actual pouring of ether into the ether bottle, the escape of air from within the bottle is impeded by the ingoing ether and bubbling is produced in the small ether cup or funnel on the bottle. A dual purpose funnel has been devised.

* This funnel has been constructed by the Heidbrink Company under the supervision of Mr. Roy Anderson.

This funnel is made of a heavy metal. The point of the funnel is sharp (fig. 1a) and the neck is beveled onto the wide part of its cup. Running from the tip to near the top of the funnel is an air vent (fig. 1b). The top of the cup is sloping, and when it is held in the palm of the hand, it fits the palm easily. To open a can of ether the sharp point of the funnel is pressed through the solder top of the can of ether and pushed as far into the can as possible. The beveled surface where the neck joins

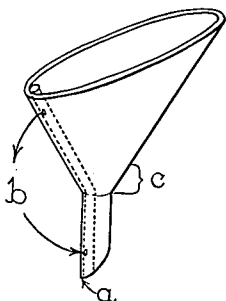


FIG. 1. The funnel; a, a sharp point; b, air vent; c, beveled surface of the neck for spreading solder in ether can.

the cup (fig. 1c) spreads the solder in the can sufficiently so that a cork can be inserted easily into the neck of the can. The pressure necessarily exerted to open the can is spread evenly over the surface of the palm (fig. 2a).

When used as a funnel, the air vent allows the unimpeded escape of air. When the funnel is placed into the ether bottle the top of the funnel is horizontal and thus prevents the ether from spilling over the side (fig. 2b).

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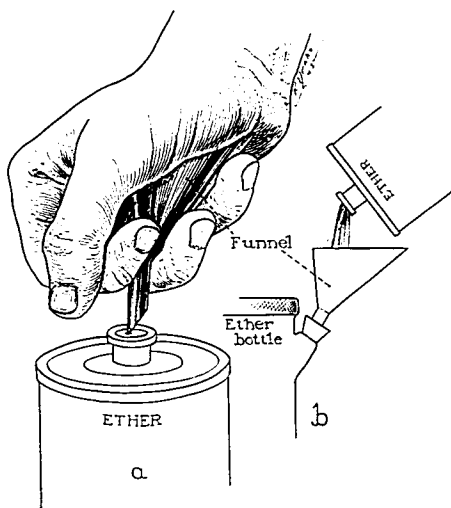


FIG. 2. The funnel; a, held in hand for opening can of ether; b, in the ether bottle; the top of the funnel is now horizontal.